DMR Copy of Record

| Permit | | | | | | | | | | | | | | | | |
|---------------------------|--|-----------------------------|--------------------|----------------|---|-----------------------|-------------------|--------------------------------------|-------------------|---------|---|--|--------------------|--|-----------------|-----------|
| Permit #: | ID0000612 | Permitte | Permittee: | | MCCAIN FOODS USA INC | | | Facility: | | | MCCAI | MCCAIN FOODS USA INC - BURLEY FACILITY | | | | |
| Major: | Yes | | Permittee Address: | | 218 WEST HIGHWAY 30 BURLEY, ID 83318 | | | Facility Location: | | | 218 WEST HIGHWAY 30 BURLEY, ID 83318 | | | | | |
| Permitted Feature | mitted Feature: 002 External Outfall | | ge: | 002-B CHLOF | 002-B CHLORINE | | | | | | | | | | | |
| Report Dates & St | atus | | | | | | | | | | | | | | | |
| Monitoring Period | itoring Period: From 10/01/14 to 10/31/14 DM | | DMR Due Date: | | 11/10/14 | | | Status: | | | NetDMR Validated | | | | | |
| Considerations fo | r Form Completion | · | | | | | | · | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Principal Executiv | e Officer | | | | | | | | | | | | | | | |
| First Name: | Jeff | Title: | Title: | | Plant Manager | | | Telephone: | | | 208-678-9431 | | | | | |
| Last Name: | McCray | | | | | | | | | | | | | | | |
| No Data Indicator | (NODI) | , | | | | | | | | | | | | | | |
| Form NODI: | | | | | | | | | | | | | | | | |
| Parameter | Monitoring Location Season # | Quantity or Loading | | | | | Quality or Concen | | | | | | | of Ex. Frequency of Analysis Sample Type | | |
| Code Name | | Qua Sample = | 0.019 | Qualifier 2 | Value 2 0.03 | Units Qu 26 - lb/d | alifier 1 V | /alue 1 Quali = | ifier 2 V 0.00 | | | Value 3 0.02 | Units 19 - mg/L | | 01/07 - Weekly | GR - GRAB |
| 50060 Chlorine, total res | idual 1 - Effluent Gross 0 | Permit Req. <= | 3.85 MO AVG | | 0.03 11.6 DAILY M | | | = <= | | MO AVG | | 393 DAILY MX | - | | 01/07 - Weekly | GR - GRAB |
| | | Value NODI | | | | | | | | | | | | | | |
| Submission Note | | | | | | | | | | | | | | | | |
| If a parameter row of | does not contain any values for | the Sample nor Effluent Tra | ading, then none o | of the follow | ving fields w | ill be submi | tted for | that row: U | Jnits, Nu | mber of | Excursion | s, Frequenc | y of Analys | sis, ar | nd Sample Type. | |
| Edit Check Errors | | | | | | | | | | | | | | | | |
| No errors. | | | | | | | | | | | | | | | | |
| Comments | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Attachments | | | | | | | | | | | | | | | | |
| No attachments. | | | | | | | | | | | | | | | | |
| Report Last Saved | | | | | | | | | | | | | | | | |
| MCCAIN FOODS U | | | | | | | | | | | | | | | | |
| | dmccray | Date/Time: | | | | | 20 | 2014-11-05 13:44 (Time Zone: -08:00) | | | | | | | | |
| | eff McCray | | | | | | | | | | | | | | | |
| E-Mail: Je | eff.McCray@McCain.com | | | | | | | | | | | | | | | |